

STATE OF HAWAII  
Department of Accounting and General Services  
Division of Public Works

**MONTHLY ESTIMATE**FOR THE MONTH OF October 2010Date: October 31, 2010

RECEIVED - DAGS  
DIV. OF PUBLIC WORKS

2010 OCT 27 A 10:52

CONTRACTOR: Brian's Contracting, Inc.ADDRESS: P.O. Box 17790City, State ZIP: Honolulu, Hawaii 96817Contract No. 59192DAGS Job No. 13-20-2648PROJECT TITLE: Kalaupapa Settlement Nursing Facility (Bldg 141) Shower, Amb Dr & Generator Encl Improv**CONTRACT**Basic Contract Amount \$ 180,000.00**FOR INSPECTION BRANCH USE**☐ SUBMITTAL REGISTER☒ COMMENCEMENT REQUIREMENTS**DUE MONTHLY:**☐ PROJECT SCHEDULE - INITIAL & ONGOING☒ DAILY REPORTS☒ PAYROLL AFFIDAVITS**MONTHLY ESTIMATE CHECKLIST**☒ CONTRACT NUMBER☒ PROJECT NAME & LOCATION☒ ALL SIGNATURES**CHANGE ORDERS**Total \$ -Adjusted Contract Amount \$ 180,000.00**WORK ACCOMPLISHED****Basic Contract**Completed to Date 63.73% \$ 114,710.00**Change Order****Total**#DIV/0! \$ - \$ 114,710.00Retained REDUCED ☐ \$ 6,971.00Amount Subject to Payment \$ 107,739.00Payments to Date \$ 38,683.00Payments Now Due \$ 69,056.00\$ - \$ 6,971.00\$ - \$ 107,739.00\$ - \$ 38,683.00\$ - \$ 69,056.00Payment No. FINAL ☐ 2

Remarks:

1. Computed and Checked by:

3. Recommended: Cine Peterson 11/01/20104. Recommended: D. Ull 11/01/20105. Approved: Clyde K. Kumbura NOV 1 2010

6. Public Works Administrator certifies that change orders have been issued and the work performed.

Ralph Monta NOV - 3 2010

State Public Works Administrator

Date:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request.

BRIAN'S CONTRACTING, INC.

Name of Contractor

By signature / Title: Brian M. Arakaki 10/31/10BRIAN M. ARAKAKI  
PRESIDENT

### BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

**STATE OF HAWAII**  
**Department of Accounting and General Services**  
**Division of Public Works**

For the Month of: October 2010

CONTRACTOR: Brian's Contracting, Inc.  
PROJECT TITLE: Kalaupapa Settlement Nursing Facility (Bldg 141)  
Shower, Amb Dr & Generator Encl Improv

Contract No.: 59192  
DAGS Job No.: 13-20-2648

CLOSED			LICENSE	BASIC CONTRACT	COMPL.		RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	% CMPL	%	AMOUNT RETAINED
	Brian's Contracting, Inc.	General Contractor	ABC-23456	\$149,650	\$90,000	60.14%	5%	\$4,500

	SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
	S. Kansaki & Son Painting	Painting	C-26348	\$5,800	\$5,220	90.00%	10%	\$522
	Mason's Plumbing Service	Plumbing	C-22586	\$5,000	\$2,500	50.00%	10%	\$250
	MRC, Inc.	Roofing	BC-14195	\$5,000	\$4,000	80.00%	10%	\$400
	SK Electric, Inc.	Electrical	C-24558	\$13,500	\$12,150	90.00%	10%	\$1,215
	Structural Pest Control	Termite Control	PC-489	\$1,050	\$840	80.00%	10%	\$84
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
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						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
						#DIV/0!	10%	\$0
	Total Retained from Subs							\$2,471 B

BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$6,971
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I certify that the above retentions are correct for this request.

**BRIAN'S CONTRACTING, INC.**

Name of Contractor

**By Signature**

Date \_\_\_\_\_

10/31/2010

Checked/Verified by:

KP

Initial - Project Inspector or Engineer

**NOTE:**  
Columnar totals shall be equal in dollar value to that on  
the Monthly Estimate Sheet

**STATE OF HAWAII**  
**DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES**  
**DIVISION OF PUBLIC WORKS**  
**Monthly Payment Slip**

**PAYMENT NO.:** 2

**PROJECT TITLE:** KALAUPAPA SETTLEMENT - NURSG FAC (BLDG 141), SHWR,  
AMBLNC DR & GENERTR ENCL IMPS

**BILLING MONTH:** October-10

**DAGS JOB NO.:** 1 3-20-2648

**CONTRACT NO.:** 59192

**CONTRACTOR:** BRIAN'S CONTRACTING, INC

**VENDOR CODE:** 30439600

**Original Contract Payment**      Suffix: 1, 2

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
02	B08-408M	\$73,860.00	\$4,804.00	\$69,056.00
<b>Totals:</b>		\$73,860.00	\$4,804.00	\$69,056.00

**Change Order Payment**      Suffix: 3

<u>Suffix</u>	<u>Fund Symbol</u>	<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
03	B08-408M	\$0.00	\$0.00	\$0.00
<b>Totals:</b>				
<b>Grand Total:</b>		\$73,860.00	\$4,804.00	\$69,056.00

*Lloyd Ogata*  
Verified By

11/3/2010

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code    30439600

Cost Code      3A1

Voucher No.    11032N09

Verified By    *ms*    11/8/10